

cerebral lobes proper, the cerebellum, and the medulla, were all healthy looking. The vessels, at the base of the brain, small and contracted, contained a very little fluid blood; their structure was apparently healthy.

The little growth examined more carefully proved to be a cyst with cheesy-looking contents of yellowish white colour. The cyst wall is composed (as seen under the microscope) of delicate closely-woven connective tissue, infiltrated with much molecular fat, and possessing a few capillary vessels the walls of which are granular (fatty). The cheesy contents consist of fat globules and granules, a few nucleated (? nerve) cells, also infiltrated with fat, fragments of nerve fibre, a little dark pigmentary material (no true hæmatoidin crystals), and a great abundance of cholesterine plates. The cyst therefore appears to be the remains of a limited or circumscribed old apoplexy, one of the transition changes which brain clots of chronic character often assume. The surrounding ganglionic substance showed all the evidences of white cerebral softening.

*Remarks.*—It will be seen that the hemiplegia of the right side was directly attributable to the lesion in the *right* corpus striatum. Although the corresponding striated body on the opposite side was also affected, yet the change was not so marked, and appeared certainly to be comparatively more recent. The sudden onset of the paralysis must be regarded as being due to a circumscribed hæmorrhage in the right corpus striatum; this had taken place from 16 to 17 years previously. The gradual restoration of motor power resulted, it is evident, from a consolidation and shrinking of the clot, and its enucleation or circumvallation by a cyst-formation, and partial restoration of nutrition to the injured brain substance. The disease had obviously for many years remained in quite a passive state, and the death of the patient was due to phthisical exhaustion, and in no way connected with the brain lesion. It is not often the opportunity is afforded of seeing the results of an apoplexy after the lapse of at least 16 years. This circumstance alone renders this case very interesting, but I desire especially to invite attention to the fact that the half paralysis of the body was here again attributable to a brain lesion situated on the same (right) side of this organ; I do so, because such cases are undoubtedly rare, yet not so uncommon as they are generally supposed. Brown-Séguard\* has lately drawn attention to this fact, and has collected more than 200 of such cases.

He has shown very conclusively that the view which has hitherto been held, that cross-paralysis in brain lesions is due to the decussation of nerve fibres in the anterior pyramids of the medulla, and direct paralysis to the absence of such decussation, is no longer tenable. Neither experimentation upon the lower animals, nor well authenticated clinical records of brain disease in man, support this hypothesis. It seems to be more than probable that not all or even the major portion of motor-conducting fibres are contained in the anterior pyramids. Brown-Séguard goes even further than this and states that it is "not possible to look upon paralysis in cases of brain disease as being the effect of loss of function of the part diseased," but that "we must admit that in those cases there is an irritation starting from the place we find diseased after death, and acting on more or less distant parts of the nervous centres in such a way as to arrest their activity, and thereby cause the paralysis. † "It is" therefore "owing to an irritation that one-half of the brain is capable, when diseased, of producing paralysis either in the corresponding half of the body or in the opposite one." Taken then, in connection with these recent views promulgated by one of our greatest living authorities on the diseases of the nervous system, I trust the record of these cases will not prove uninteresting.

## TWO CASES SHOWING THE PECULIAR EFFECTS OF CHLOROFORM IN DIFFERENT INDIVIDUALS.

By P. CULLEN, M.D., *Civil Surgeon, Khundwa.*

### CASE I.—CALCULUS VESICÆ.

A strong lad of 16 or 18 years of age was brought to the dispensary. On sounding, a distinct click was at once heard, and, as the patient's friends were anxious to return home, a dose of oil was given, and the next morning fixed upon for operation. In the morning, everything being ready, chloroform was given, which the patient took very badly, and great care and patience were necessary in administering it. After giving 4 drs. it was

found that although perfectly unconscious, even to pricking with the knife, yet the muscles of abdomen and perinæum were in strong spasm; chloroform was continued until the patient's breathing became stertorous, pupils to dilate, and pulse to fail, but the spasms continued, and it was decided to defer the operation for a day. Patient after being roused from the effects of the chloroform slept for nearly 6 hours. Another dose of oil was given which acted freely, and no counter-indicating cause being discoverable, it was decided to try again the next morning; an opium suppository was given at night. The following morning chloroform was again administered, but with exactly similar results; the spasms of the abdominal muscles being perhaps somewhat milder, but the chloroform was given more slowly and continued for  $\frac{3}{4}$  hour. I was again unable to operate, as to have done so in the pinched up state of perinæum, I could hardly have avoided wounding the artery of the bulb or the rectum. The patient after being roused, slept some 4 hours. I now directed that during this day he should frequently sit in warm water, for ten minutes at a time. At night the suppository was again given, and early in the morning a tepid water enema to wash out the bowel. It was not noticed that this brought away any worms. Chloroform was then administered for the third time, and 2 drs. produced unconsciousness and perfect relaxation of all the muscles; the operation was quickly and easily performed, and the patient made a good recovery. The calculus was a dark oxalic one, weighing 10z 2 drs. with a smooth surface.

What caused the continued spasms of the abdominal and perinæal muscles after perfect unconsciousness even to stertor, dilatation of pupil, and failure of pulse?

### CASE II.—CHLOROFORM IN LABOUR.

A strong young woman of about 19 years of age was taken with labour pains at 4 A.M.—her first child. She was seen at 8 A.M. when everything was progressing favourably; by 10 o'clock the pains were strong, but she bore them badly, and was very restless; by mid-day the head had entered the brim of the pelvis, but the patient was very restless; a small whiff of chloroform was given which eased her, after which she passionately cried for more on the accession of each pain; these small doses weakened the pains and less progress was made. Near 2 P.M. the bag of waters began to press on the perinæum, and her cries became worse; chloroform was given until she became insensible, but this stopped the pains altogether, and she slept for one hour, after which she was awakened and some arrowroot and port wine given, when in a short time the pains recommenced, and with them the patient's cries. When the head was pressing on the perinæum, fearing the patient would hurt herself, chloroform was again given to unconsciousness, but with the effect of again entirely stopping uterine action, even at this advanced stage. After an hour's rest the patient was given some port wine negus and warm tea, and after nearly two hours the pains come on and delivery was effected at 8 P.M. or in 16 hours, in a case that at first promised to be over in 6 or 8 hours.

N.B.—In this case by frequent vaginal examinations it was ascertained that uterine action was actually stopped, and that it was not merely an arrest of pains, or of the action of the abdominal muscles.

## CASE OF ENTERIC FEVER, SHOWING THE VALUE OF TURPENTINE IN THE TREATMENT OF THIS DISEASE.

By J. SLANE, L. R. C. P.,  
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Apart from the general interest attaching to typhoid fever in India as of recent importation, I submit the following notes of a case which came under my care here, exemplifying the therapeutical value of turpentine in the treatment of the disease, as reported by Surgeon-Major Moffitt in the *Lancet* of the 11th March last. I have read in Graves' Clinical Lectures of the use of the remedy in fevers, but it was in the adynamic forms, and where great tympanitis was present, but certainly not to be uniformly employed in all cases, or as a specific which is the character claimed for it by Dr. Moffitt, and which the result in my case seems to support.

*Case*—Miss L—H—, aged 9 years, a healthy but not very robust child, has always spent the summer at Mussoorie since her birth and the winters at Dehra in the Doon. The family history eliminates the possibility of the illness being due to tuber-

\* *Lancet*, January 1st, 15th and 29th, pp. 4, 79 and 159.  
† The italics are mine.